

Sample Disclosure Release Form

REQUEST FOR RELEASE OF FREE OR REDUCED ELIGIBILITY STATUS

To be used by determining officials prior to releasing eligibility information for any reason.

Return this form to [name, title and contact information of determining official].

Person Making Request: _____ Title: _____

Date: _____ Phone: _____ E-mail: _____

Why is this information being requested?

What will the names be used for (*please be specific*):

List all persons, with job titles, who will have access to this information and why they have a “need to know”:

REQUEST FOR RELEASE OF FREE OR REDUCED ELIGIBILITY STATUS

PLEASE READ THE FOLLOWING

Section 9(b)(6) of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1758(b)(6)) delineates the restrictions on the disclosure and use of information obtained from an application for free and reduced-price meals, as well as the criminal penalties for improper release of information. The determining official must first determine if the request is from one of the programs or sources authorized under the regulations. Eligibility status *may* be released when the parent/guardian has given *specific* written permission for the release of this information for a *specific* purpose. After the determination has been made that a program is authorized or that the required parental permission has been obtained, the determining official must ensure that the persons who would receive and use the information have a legitimate need to carry out an authorized activity.

Penalty for Misuse of Meal Eligibility Status

The NSLA establishes a fine of not more than \$1000 or imprisonment of not more than one (1) year, or both, for publishing, divulging, disclosing or making known in any manner or extent not authorized by federal law, any eligibility information. This includes the disclosure of eligibility information by one entity authorized under the NSLA to receive the information to any other entity, even if that entity would otherwise be authorized to receive the information directly from the determining agency.

I understand the restrictions on the use of this eligibility information as outlined above, and agree to use this information only for the purpose specified on this form. I will keep all names and information confidential as required by USDA regulation, and understand there are penalties for the misuse of this information.

Name (Printed): _____

Signature: _____ Date: _____

APPROVED BY DETERMINING OFFICIAL

☐ No ☐ Yes – *If approved, provide copy of this request form with student list.*

Name of Determining Official: _____

Signature: _____ Date: _____

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (PDF), found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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For more information, contact the [school nutrition programs](#) staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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